

I \_\_\_\_\_ declare I have viewed the lessons listed below as required by my employer for training purposes.

**NOTE:** Please place a mark in the box next to each lesson to indicate it has been viewed. When you are finished viewing all the required lessons, sign and date the list at the bottom and provide it and the lesson certificates (if required) to your HSA/Supervisor.

	Lesson Name	Notes
<input type="checkbox"/>	Introduction to eLearning	
<input type="checkbox"/>	Introduction to CorrecTek Spark	
<input type="checkbox"/>	Blood Sugars Due	
<input type="checkbox"/>	Unscheduled Blood Sugar Readings	
<input type="checkbox"/>	Patients on Special Diets	
<input type="checkbox"/>	Contact Search	
<input type="checkbox"/>	Viewing the System Timeline	
<input type="checkbox"/>	Performing a Med Pass	
<input type="checkbox"/>	Med Pass - Additional Information	
<input type="checkbox"/>	Importing Scanned Documents	
<input type="checkbox"/>	Password Change – User Level	
<input type="checkbox"/>	CorrecTek Technical Support	

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HSA/Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_